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<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number</b>	10/081,278
	<b>Filing Date</b>	02/21/2002
	<b>First Named Inventor</b>	MOY
	<b>Title</b>	MODULAR FRANKING SYSTEM
	<b>Art Unit</b>	3628
	<b>Examiner Name</b>	Wu, R.
	<b>Attorney Docket Number</b>	770P101633(PAR)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_.

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	29 July, 2008
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Title and Company	Immunix IP Director	NEOPOST TECHNOLOGIES	

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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